

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082230 (9)

1. Corporation Name  
ROCKAN INC.

Principal Place of Business  
703 TOURNAMENT RD  
PONTE VEDRA BEACH FL 32082

Mailing Address  
703 TOURNAMENT RD  
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4786 Mountain Breeze CT South		26 14444 Beach Blvd		10/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 # 18-251		59-3422141	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jacksonville FL		28 Jacksonville FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32224		29 32250			
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

WOLFE, LARRY  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-8843

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, MARION A	
STREET ADDRESS	703 TOURNAMENT RD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, ROSE H	
STREET ADDRESS	703 TOURNAMENT RD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, WHITNEY	
STREET ADDRESS	703 TOURNAMENT RD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWNING, FRANKIE A	
STREET ADDRESS	703 TOURNAMENT RD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VP
33 STREET ADDRESS	WHITNEY BELL
34 CITY-ST-ZIP	4786 Mountain Breeze Court South
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Frankie A. Browning
43 STREET ADDRESS	4786 Mountain Breeze Court South
44 CITY-ST-ZIP	Jacksonville FL 32224
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Whitney Bell - VP 4/2/98 904-997-3817